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CONFIRMATION NO. 6970

Bib Data Sheet

SERIAL NUMBER 09/724,494	FILING DATE 11/28/2000 RULE	CLASS 248	GROUP ART UNIT 3632	ATTORNEY DOCKET NO. 1333.001US1	
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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY MN	SHEETS DRAWING 33	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 14
ADDRESS 22859 INTELLECTUAL PROPERTY GROUP FREDRIKSON & BYRON, P.A. 200 SOUTH SIXTH STREET SUITE 4000 MINNEAPOLIS , MN 55402					
TITLE MONITOR SUPPORT SYSTEM					
FILING FEE	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)				

01-05-2006